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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	107705, 201
	Filing Date	11/13/2003
	First Named Inventor	Carlton G. Blanchard
	Title	Electronic Ballast for
	Art Unit	2821
	Examiner Name	Vo, Tuyen Thi
Attorney/Agent/Inventor	073455-10000	

I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoint:			
<input checked="" type="checkbox"/>	Practitioner associated with the Customer Number:	<div style="border: 1px solid black; padding: 5px; display: inline-block;">298569</div>	
OR			
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	
No further assignment or request is given with the application identified above, unless transfer of business in the United States System and Practitioner Office authorized in writing.			
Please recognize or change the corresponding address for the above-identified application to:			
<input checked="" type="checkbox"/>	The address associated with the above-mentioned Customer Number:		
OR			
<input type="checkbox"/>	The address associated with Practitioner Number:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"></div>	
OR			
<input type="checkbox"/>	Former Practitioner Name:		
	Address:		
	City	State	Zip
	Country		
	Telephone	Fax	
I Am the:			
<input checked="" type="checkbox"/>	Applicant/Practitioner.		
<input type="checkbox"/>	Assignee of records of this entire interest. See 37 CFR 1.71. Statement under 37 CFR 3.226 is not required. (USPS #771338/01)		
SIGNATURE of Applicant or Assignee or Record			
Signature		Case	
Name	Mr. Carlos G. Bianchini	Practitioner	
Firm and Company	Tecnología de Telemática para el desarrollo - lante		
NOTE: Signatures that the assignee or assignees proposed in the above interest in that representation(s) are required. Submit with the form a copy of each signature in required one block.			
<input type="checkbox"/>	True of	Correct info is provided.	

Best Available Copy